STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295077	A. BUILDING _____ B. WING _____	07/24/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT CARE CENTER OF RENO	555 HAMMILL LANE RENO, NV 89511

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F 000	INITIAL COMMENTS The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual Medicare recertification survey conducted at your facility on 7/20/08 through 7/24/08. The census at the time of the survey was 148. The following complaint was investigated: Complaint #NV00018779 alleged that the facility failed to prevent employee to resident abuse. The complaint was unsubstantiated with no deficiencies cited. The following regulatory deficiencies were identified:	F 000	 *Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirement under state/federal law.*	
F 164 SS=B	483.10(e), 483.75(l)(4) PRIVACY AND CONFIDENTIALITY The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this	F 164	**F164** **What corrective Action will be accomplished for those Residents found to have been affected by the deficient practice:** Unable to correct since incident had already occurred. **How you will identify other resident having the potential to be affected by the same practice and what anticipated corrective action will be taken:** All Residents have the potential to be affected by the practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kathy Wagner | Administrator | 8-14-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	Continued From page 1 section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility failed to maintain confidentiality of personal health information. Findings include: On 7/21/08 at 8:00 AM, a medication cart was observed on the 600 hall from which a registered nurse (RN) was administering resident medications. As the RN administered medications to a resident, the medication administration record was found open on top of the cart. A nurse to nurse shift report form was also visible on top of the cart. Both the medication administration record and the nurse to nurse shift report forms contained personal health information for numerous residents that included their names, locations, and diagnoses. On 7/21/08 at 8:05 AM the RN was interviewed.	F 164	**What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** One-on-one in-service already conducted with the two nurses identified with deficient practice. Mandatory Nursing Meeting scheduled on 9/21/08 & 9/28/08 to review HIPAA Guidelines. In-service program will be ongoing to ensure that Medication Administration Record and Resident Census List are kept protected at all times. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** DON and Nurse Mangers will do frequent rounds throughout the day to ensure compliance. Staff will be immediately in-serviced if deficient practice is noted. **Individual Responsible:** Director of Nursing **Date of Completion** August 28, 2008 and is an on-going process.	8-28-08

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F 164	Continued From page 2 She reported that the resident's personal information should have been covered or the book closed to prevent persons from visualizing such information. On 7/21/08 at 10:30 AM, the director of nurses was interviewed and reported that any personal health information should not be visible to anyone who is not involved in caring for the residents or to any person that is not designated to have access to such information about residents. She further reported that there was no specific policy stating that the medication administration record or shift report sheet should be covered, but that the facility adhered to HIPAA regulations. On 7/21/08 at approximately 7:30 AM, three medication carts were observed in front of the entrance to the main dining room. The medication cart for the 600 hall was observed to have the medication administration record open which revealed a resident's name, diagnoses and the medications they received. The cart also had the nurses shift report on it exposing the names of residents, their diagnoses and other information. One entry on the shift report revealed the name of a resident and that he had clostridium difficile. Both the medication administration record and the shift report could be easily read by a passerby. The nurse giving medications left the cart unattended to administer a resident's medications inside the main dining room. The cart was not visible to the nurse in the dining room. The RN, was interviewed at approximately 8:30 AM. She stated that the shift report and the medication administration record were supposed to be covered when the nurse walked away from the medication cart so that resident information	F 164	PLEASE SEE PAGES 2 & 3.	

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F 164	Continued From page 3 was kept confidential. She stated she forgot to cover the medication administration record and the shift report. At the same time and location the medication cart from 100 hall was observed. The cart was unattended and the nurse was observed administering medications in the main dining room. The medication administration record was opened and the name of a resident, their diagnoses and medications could be read by a passerby. The nurses shift report was also on the medication cart and the names of residents could be read. The shift report revealed resident diagnoses and revealed the name of a resident who was depressed. On 7/21/08 at approximately 12:15 PM, the RN administering medications from the 100 hall cart was interviewed. She stated that she forgot to cover the medication administration record and the shift report. She acknowledged she needed to cover the information to protect the resident's privacy.	F 164	PLEASE SEE PAGES 2 & 3	
F 241 SS=D	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy and procedure it was determined that the facility failed to obtain permission from the residents before entering resident rooms and bathrooms.	F 241	**F 241** **What corrective Action will be accomplished for those residents found to have been affected by the deficient practice:** Unable to correct deficiency since incident had already occurred. **How you will identify other resident having the potential to be affected by the same practice and what anticipated corrective action will be taken:** All residents have the potential to be affected by the practice. Staff In-service scheduled on 8/14/08, 8/21/08 & 8/28/08 to address Dignity and Privacy needs.	

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F 241	Continued From page 4 Findings include: On 7/20/08, during the initial tour and throughout the survey, certified nursing assistants (CNAs) and nursing staff were observed to knock on the door of the residents' rooms and enter before the resident responded to the knock on the door. On 7/21/08, during the group interview, the residents expressed that the staff would knock on the door and enter the room without waiting for a response. Three residents expressed that staff would enter the bathroom without knocking. These residents stated they had no privacy while using the bathroom. On 7/23/08, Resident #8 was interviewed. Resident #8 stated that the staff do not knock on the door before entering the bathroom. She stated, "It really irks me" and that she was "really mad about it." On 7/23/08, a CNA was interviewed. She stated that she knocked on the door before entering the room, but it depended on the resident on whether she waited for a response. She stated that sometimes she knocked and then announced who it was as she walked in the room. She stated that she always knocked before entering the bathroom. On 7/23/08 at 2:40 PM, another CNA was observed to knock on the door and state "knock knock" and walk in the room. He stated that he would wait for a response from some residents, but that on the residents he knew would not respond, he knocked and waited 1/2 second to enter the room. He stated that he always	F 241	**What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** Charge nurses will do frequent rounds to ensure Resident's privacy needs are met. If there is a concern, employees involved will receive 1:1 in-service and corrections will be made promptly. Resident #8. Will conduct regular interview with Resident to determine staff compliance. Will continue to discuss this issue with her at least every 90 days until resolved. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** DON and Nurse Managers will conduct random rounds daily to ensure privacy needs are met. Rounds would also include talking to Residents to determine staff compliance. Attend Resident Council Meeting; raise the question to validate if this issue remains resolved with corrections as necessary (re-inservice, etc.,). **Individual Responsible:** Director of Nursing **Date of Completion:** August 28, 2008 and is a continual process	8-28-08

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F 241	Continued From page 5 knocked on the bathroom door before entering, especially with the female residents. On 7/23/08, the facility policies and procedures were reviewed. For resident care policies, the following was documented under Resident's Rights Protocol: "Knock and gain permission before entering the resident's room." Other policies read "Knock before entering the room." under procedural steps. On 7/23/08, the director of nurses was interviewed. She stated that it would depend on who the resident was on whether staff would wait for a response or just enter the room. She stated that for the 24 year old female resident they always waited for permission to enter the room. She stated the policy depended on the resident's cognitive ability to respond to a knock. She was unable to produce a specific policy regarding resident privacy and knocking and entering a resident's room.	F 241	PLEASE SEE PAGES 4 & 5	
F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that staff administered medications in accordance with facility policy. Findings include: On 7/20/08 at 8:00 AM, a registered nurse was observed administering medications to a resident.	F 281	**F281** **What corrective Action will be accomplished for those residents found to have been affected by the deficient practice:** Unable to correct since incident already occurred. Staff was also not identified in the statement of deficiency, thus unable to conduct follow-up one-on-one training. **How you will identify other resident having the potential to be affected by the same practice and what anticipated corrective action will be taken:** All Residents have the potential to be affected by the deficient practice. Mandatory Staff In-service scheduled on 8/21/08 & 8/28/08 addressing proper Medication Pass Protocol.	

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F 281	Continued From page 6 As she opened the medication cart to remove medications for administration, a medicine cup was observed with numerous pills in it. When asked why the cup was in the drawer, the nurse reported that the medications were for a resident that would not take her medications until after breakfast. She further reported that she knew that she was not to pre-pour medications for residents. She also reported that the facility's policy and procedure related to the administration of medications stated that medications should not be pre-poured. The director of nurses was interviewed on 7/22/08 at 10:30 AM, and reported that medications were not to be pre-poured under any circumstances. She further reported that there was no specific policy related to pre-pouring of medications for administration.	F 281	**What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** In addition to above in-service, Staff Development Coordinator and Nursing Managers would regularly audit/check Medication Carts for presence of pre-poured medications and conduct Medication Pass Observation for each nurse focusing on the Medication Pass Protocol. One-on-one in-service will be done during this time, as indicated. This will be done at least every 90 days. In-service program will be ongoing. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** DON and/or designee will conduct regular rounds to observe nurses during medication pass. The QA Committee will monitor the effectiveness of these corrective actions through data submitted by DON quarterly. **Individual Responsible:** Director of Nursing **Date of Completion** August 28, 2008	8-28-08
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined that the facility failed to identify and take measures to prevent or control urinary tract infections for 1 of 25 residents (#22). Findings include:	~~F 309~~		

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F 309	Continued From page 7 Resident #22: The resident was admitted to the facility on 9/5/06 with diagnoses of urinary tract infection (UTI), chest pain, hypothyroidism, atrioventricular block, late effect acute polio, benign hypertension, general osteoarthritis, pathologic fracture of vertebrae, generalized muscle weakness, scoliosis, constipation, and stomach function disorder. Record review revealed that Resident #22 had chronic UTI's since her admission to the facility. Urine culture and sensitivities were done and antibiotic treatment was initiated. The resident's care plan did not address chronic UTI's or measures to prevent further infections. The resident's activities of daily living (ADL) shower log revealed she had showers on 7/5/08 and 7/10/08 for the month of July. A separate documentation record, CNA Skin Review sheet, showed that Resident #22 had two other showers in the month of July that were not recorded in the ADL shower log. An interview on 7/22/08 at 1:30 PM, with a registered nurse was conducted. She stated "It's mostly a hygiene problem" because Resident #22 refused to shower or allow staff to assist with pericare. An interview on 7/22/08 at 2:15 PM, with the infection control nurse was conducted and she said Resident #22 "is not one who has triggered for increase infections of UTI's." She was not aware of the frequency of infections with this resident. An interview on 7/23/08 at 9:30 AM, was conducted with Resident #22. She stated that she was offered showers but "sometimes it's just	F 309	**F 309** **What corrective Action will be accomplished for those residents found to have been affected by the deficient practice:** Resident # 22. Resident re-assessed and chart reviewed. Follow-up consults with her urologist done to assess her chronic Urinary Tract Infection (UTI) issues and Resident was also seen by a psychiatrist to address her non-compliance issues. Diagnostic studies also done, as ordered. IDT updated her Care Plan to reflect Resident's present condition. Refer to "Attachment A". Resident hasn't had UTI since 5/29/08. **How you will identify other resident having the potential to be affected by the same practice and what anticipated corrective action will be taken:** All Residents have the potential to be affected by the practice. Staff In-service scheduled on 8/14/08, 8/21/08, and 8/28/08 to address appropriate Care Planning Process and discuss Infection Control Policy (focusing on UTI prevention). **What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** DON, MDS Coordinator, and Infection Control Coordinator will conduct facility-wide audit to ensure Residents with recurrent UTI has an appropriate RAP and Care Plan to address chronic UTI. MDS Coordinators in-serviced regarding appropriate RAP and care planning process.	